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**INFORMATION DISCLOSURE STATEMENT
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Applicant: DALIDOWITZ et al.

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Examiner: UNKNOWN

Group Art Unit: UNKNOWN

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JEFFREY A. SHARP

Examiner's Initials*		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub. Class	Filing Date (if appropriate)
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	CCR									

OTHER (Including in this order Author, Title, Periodical Name, Date, Pertinent Pages, etc.)

DDR				
EER				

Examiner

Date Considered:

1/13/05

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.